

**P.2.14.5 CSF 14-3-3 immunoblotting**

Studies	Design	Total N	Sens (95%CI)	Spec (95%CI)	Measure	Summary of findings (95%CI)	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Quality
<b>SECONDARY CARE</b>												
17 studies (Bahl 2008; Beudry 1998; Burkhard 2001; Chohan 2010; Coulthart 2011; Cuadrado-Corrales 2006; Fourier 2017, Foutz 2017; Hamlin 2012; Kenney 2000; Lattanzio 2017; Lemstra 2000; Rohan 2015; Tagliapietra 2013; Van Everbroeck 2003; Zerr 1998; Zerr 2000)	8 × prospective; 9 × retrospective	6,086	0.87 (0.84, 0.90)	0.83 (0.73, 0.90)	LR+	5.44 (3.28, 8.78)	Serious	Serious	Not serious	Not serious	-	LOW
					LR-	0.16 (0.13, 0.19)	Serious	Not serious	Not serious	Not serious		MODERATE
<b>Notes on risk of bias</b>												
<p>Beudry 1998: Optimised test cut-offs were used and it was unclear whether: a consecutive or random sample of patients was enrolled or inappropriate exclusions avoided; the index test results were interpreted without knowledge of the results of the reference standard or the reference standard results were interpreted without knowledge of the results of the index test.</p> <p>Zerr 1998: The assay used an optimised cut-off. It was unclear whether: a consecutive or random sample of patients was enrolled or inappropriate exclusions avoided; the index test results were interpreted without knowledge of the results of the reference standard or the reference standard results were interpreted without knowledge of the results of the index test.</p> <p>Kenney 2000: It was unclear whether: a consecutive or random sample of patients was enrolled or inappropriate exclusions avoided; the index test results were interpreted without knowledge of the results of the reference standard or the reference standard results were interpreted without knowledge of the results of the index test.</p> <p>Lemstra 2000: Unclear whether the reference and index tests were carried out blind to each other; it is unclear whether the index test (as carried out) was able to detect 14-3-3 protein at an appropriate threshold level.</p> <p>Zerr 2000: It was unclear whether the index tests were interpreted independently of the reference test results; it was unclear whether a consecutive or random sample of people were enrolled or inappropriate exclusions avoided; or the index test threshold was pre-specified.</p> <p>Cuadrado-Corrales 2006: 20% drop out due to problems with samples; &lt;10 % excluded from analysis for possible CJD so not downgraded for this issue.</p> <p>Bahl 2008: Exclusion of possible CJD group from index tests may inflate test sensitivity</p> <p>Chohan 2010: Subgroup analysis with &gt;10% population excluded and in the included groups people are missing without explanation; it is unclear whether the reference and index tests were interpreted independently of each other.</p> <p>Coulthart 2011: Not downgraded for exclusions during data analysis as &lt;10% population excluded.</p> <p>Hamlin 2012: &gt; 28% population excluded as 14-3-3 results were ambiguous; multiple thresholds were tested and unclear whether researchers were blind to reference test results or that the reference test was interpreted without knowledge of index test.</p> <p>Rohan 2015: It was unclear whether: a consecutive or random sample of patients was enrolled; the index test results were interpreted without knowledge of the results of the reference standard; a pre-specified cut-off was used for the index tests; the reference standard results were interpreted without knowledge of the index test results.</p>												
<b>Notes on indirectness</b>												
Burkhard 2001: Patients do not have suspected CJD at baseline												